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Arthritis Advice

"Arthritis" means inflammation of a joint. The disease categories commonly known as arthritis—which is also known as "rheumatic disease"—include over 100 different conditions. They vary in symptoms and probably in cause. Some forms are better understood than others, but the causes of most of them are not yet known. Many effective treatments are used today to control arthritis symptoms, but *there are few cures*.

Most forms of arthritis are usually chronic, lasting for years. The more serious forms involve inflammation—swelling, warmth, redness, and pain. In older people, the two most common forms of arthritis are rheumatoid arthritis and osteoarthritis.

Rheumatoid arthritis (RA) is an inflammation of the joint membrane. It varies in severity and can cause severe crippling. RA afflicts three times more women than men, and it usually appears in the middle years, although it can begin at any age.

RA can affect many body systems but most frequently appears in the joints—fingers, wrists, elbows, hips, knees, and ankles. Persistent swelling and pain in joints on *both* sides of the body are typical symptoms. Morning stiffness is especially common.

RA should be treated as soon as it's discovered because uncontrolled inflammation of joint membranes can damage the joints.

Osteoarthritis (OA) is often a mild condition, causing no symptoms in many people and only occasional joint pain and stiffness in others. Still, some people experience considerable pain and disability.

OA is also called degenerative joint disease, a more accurate name since "osteoarthritis" implies that inflammation is a part of the disease, which is not usually the case. While wear and tear on the inside surface of the joint is probably a cause of some cases, heredity and being overweight may be other possible factors.

Although OA is almost always present in older people, the condition can occur at any age, especially after a joint injury. Joint stiffness in OA can be brief, is often relieved by activity, and may recur upon rest. The large weight-bearing joints of the body—knees, hips and spine—are most often affected.

Treatment

The aim in treating arthritis is to relieve pain and stiffness, stop joint destruction from inflammation, and maintain mobility.

Aspirin is the ***medicine*** most often used to treat arthritis. It relieves pain and reduces joint inflammation. But aspirin should be taken for arthritis only under medical supervision since large doses are required to reduce inflammation. In some patients, long-term use of aspirin can cause stomach irritation or other side effects, and may interfere with blood clotting.

Acetaminophen—a common aspirin substitute—does not reduce inflammation, although it can relieve aches and pains. "Arthritis-strength" aspirins are plain aspirin with small amounts of caffeine or antacids.

Newer prescription medicines used in place of aspirin are nonsteroidal anti-in-

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flammatory drugs (NSAIDs). These include ibuprofen, naproxen, fenoprofen, tolmetin, and sulindac. They are similar to aspirin in their ability to reduce inflammation and may have fewer side effects. Indomethacin, oxyphenbutazone, and phenylbutazone are other NSAIDs that provide relief for patients with arthritis but they may have more side effects. At this time, one of the newest NSAIDs, piroxicam, offers the advantage of a once-daily dosage.

Other stronger or non-aspirin drugs available by prescription include: antimalarial drugs (such as hydroxychloroquine); gold salts; steroids (including prednisone and cortisone); and penicillamine (not the same as penicillin). These drugs can have more serious side effects than aspirin.

Physical therapy is fundamental to treatment. People with arthritis tend not to move around very much, and while rest can reduce inflammation, too much rest stiffens joints. So rest and exercise must be balanced.

Daily exercise like walking or swimming can help maintain joint mobility. Good posture and proper eating (to prevent overweight) can help relieve joint strain.

Surgery is sometimes used in patients with RA or OA when joints are severely damaged and the more conservative forms of treatment have failed to control pain. Hip and knee joints are replaced most often. The purpose of surgery is to relieve pain and restore function for patients for whom other forms of treatment have not been successful.

Unproven and "Quack" Cures

Arthritis symptoms, especially in RA, may go away by themselves but then reappear weeks, months, or years later. This sudden disappearance of symptoms makes arthritis an ideal target for quack products or gimmicks. Some of the more common unproven or unsafe remedies are:

DMSO (dimethyl sulfoxide)—Currently, this drug is approved *only* for the treatment of interstitial cystitis, a bladder disorder. Studies are now being conducted to determine the safety and effectiveness of DMSO for the treatment of certain illnesses, but as yet there is no evidence that it is useful for arthritis.

Special Diets—Diet is not a factor in the cause or treatment of arthritis. Any ads promoting certain foods, vitamins, or diets as "cures" are false.

Medical Devices—Magnetic bandages, vibrators, or other gadgets are of no use in treating arthritis. Be wary of ads that use words such as "cure" or "miracle treatment."

Warning Signs of Arthritis

Any recurring joint symptoms (lasting longer than 6 weeks) should be checked with a doctor, no matter how mild or "temporary." A physical examination, X-ray studies, and specific laboratory tests can distinguish arthritis from other ailments and can identify the specific type of arthritis.

Important arthritis warning signs are:

- Pain, tenderness, or swelling in one or more joints.
- Pain and stiffness in the morning.
- Recurring or persistent pain and stiffness in the neck, lower back, or knees.
- Symptoms such as these that go away for a week or a month but return.

Resources

The Independence Factory (P.O. Box C, Middletown, OH 45042) sells practical aids (zipper pulls, enlarged-handle toothbrushes, etc.) for those with hand and limb limitations.

For more information, write to the Arthritis Foundation (3400 Peachtree Rd., N.E., Rm. 1101, Atlanta, GA 30326) or the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases (NIH, Bldg. 31, Rm. 9A04, Bethesda, MD 20205).

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